

**STATE CORPORATION COMMISSION
BUREAU OF FINANCIAL INSTITUTIONS
1300 EAST MAIN STREET, SUITE 800
P.O. BOX 640
RICHMOND, VIRGINIA 23218-0640**

**SURETY BOND
FOR MONEY ORDER SALES**

Bond No. _____ Amount \$ _____

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, _____, as principal,
and _____, as surety,
are bound unto the Commonwealth of Virginia in the penal sum of
_____ (\$ _____),
payable to the State Corporation Commission, for the payment of which we bind
ourselves, our heirs, executors, administrators, successors and assigns, jointly and
severally, by these presents:

WHEREAS, the above-named principal has applied to the State Corporation
Commission for a license to engage in business under the Virginia Code, Title 6.1, Chapter
12;

NOW, THEREFORE, the conditions of this obligation are such that if the above-
named principal shall strictly comply with the provisions of said chapter and all regulations
duly promulgated thereunder, and fulfill its obligations to persons purchasing or holding
money orders, as defined in Chapter 12 of Title 6.1 of the Virginia Code, and shall pay and
satisfy all loss, damage, and liability suffered by or owing to the State Corporation
Commission or any persons dealing with the principal on account of its violation of any
such laws, regulations, and obligations, then this obligation to be void, otherwise to
remain in full force and effect.

In no event shall the aggregate liability of the surety exceed the penal sum specified herein. The surety shall have the right to terminate its obligation under this bond by written notification to the principal and the Commissioner of Financial Institutions at least ninety (90) days prior to the effective date of such termination. Obligations of the surety arising prior to such effective date shall not be affected by such termination.

WITNESS the following signatures and seals this _____ day of _____, _____.

Persons executing for surety, other than corporate officers, must attach Power of Attorney authorizing them to execute bonds for surety.

Principal-Print Name
By: _____(Seal)
Signature

Surety-Print Name
By: _____(Seal)
Signature

NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSON WITH SURETY TO BE CONTACTED IN THE EVENT A CLAIM MUST BE FILED:

Name: _____ Title: _____

Address: _____

City: _____ State: _____

Zip: _____ Telephone Number: (____) _____